# *Promising Practice Fact Sheet – Strengthening Families*
# *THE SAFECARE MODEL: Evidence-Based Parent-Training Curriculum – Washington*

**Program Description:**

SafeCare is an evidence-based home visit training curriculum for parents aimed at reducing incidents of child abuse and neglect through education and prevention. It contains three modules: 1) home safety, 2) child health, and 3) parent-child/infant interaction. Home visitors also teach structured problem solving to parents on an as-needed basis.

SafeCare started with one site in Washington in 2007. Training for all regions will be completed by the end of 2010. DSHS Children's Administration (CA) administers this program and contracts with local agencies to provide services to families.

**Target Population:** Families with children under six who are: 1) is at-risk for neglect or abuse, or 2) has been reported for maltreatment.

**Goals:** Resolve issues related to home safety and medical/physical neglect, and strengthen parenting skills to prevent entry into the foster care system or to reunify children with birth families.

**Caseload Data:** Per Children's Administration, SafeCare served approximately 200 families last year (100 in Region 3 and 100 by Yakima EPIC, the first service provider in Washington). CA estimates over 50% of families involved with CA are on TANF. Statewide data may be available by June 2011.

**Cost:** State-funded program: approximately $3,000 per year per family in Washington (20 sessions per year at $150 per session). Medicaid is not billed for any services or costs.

**Evidence:** Over 60 different studies have been conducted at the national level of the SafeCare training model. The three primary modules of SafeCare have each been validated with single-case studies, parent-child interaction, and use of planned activities. The SafeCare model is also recommended by California Evidence-Based Clearing House on Child Welfare as a program with "a Scientific Rating of 3 – Promising Research Evidence."

**Assessment:** SafeCare has an observational assessment tool built into each training module to evaluate whether parents are progressing as expected in SafeCare targeted skills.

**Operation in Washington:** DSHS Children's Administration uses this model and contracts with a number of local agencies to deliver services to families. These agencies include Pioneer Human Services, Deaconess Children's Services, and The Institute for Family Development.

**Description of Services:**

- Training for home visitors is conducted by Children's Administration and the National SafeCare Training and Research Center at Emory University. CA does not charge a fee for this training. Emory University charges approximately $30,000 to train seven to eight people.
- Children's Administration requires home visitors to have a bachelor's degree in its contract with each service

provider. This requirement may be waived in some cases for a person with extensive experience.

- Training begins with a five-day workshop focused on the three SafeCare modules. In addition to lectures and videos of sample home visits, trainees watch skill modeling by the trainer, participate in role-play exercises, and receive feedback from the trainer.
- Participants are provisionally certified after the workshop and then receive full SafeCare certification after mastering skills. Additional training is required for SafeCare coaches and trainers.
- The National SafeCare® Training and Research Center was established in 2007 to assist with a nationwide implementation of the SafeCare model, including supporting research to improve training and implementation and cultivate collaboration with communities, child welfare administrators, and policy makers.
- Trained home visitors do one to two-hour visits per week for 18-20 weeks. The program is typically 15-20 weeks for each family. It provides specially tailored materials for parents with intellectual disabilities.
- Each home visitor serves 10-12 families per year.
- SafeCare may become an allowable WorkFirst component if it is dictated by Children's Administration and incorporated into the Individual Responsibility Plan (IRP).

**Eligibility:** There is no income limit for this program. However, in Washington, only CPS makes referrals to contracted providers for services. Nationwide, an at-risk family can be referred by child welfare, hospitals or community organizations for services.

**Findings:**

- Lutzker and Colleagues (Gershater-Molko, Lutzker, & Wesch, 2002; Wesch & Lutzker, 1991) compared families receiving SafeCare services to families receiving standard family preservation services in California, and found that SafeCare families were significantly less likely to have a recurrence of child maltreatment (15% over three years) compared to services-as-usual families (44% over three years).
- Similar reductions in neglect were found in an evaluation of Project 12-ways, the predecessor of SafeCare (Wesch & Lutzker, 1991).

**Implications for Policymakers and Program Developers to Consider:**

- Family-centered services strengthen the capacity of parents to care for and protect their children and promote the family's capacity to manage their own lives.
- An organization that plans to adopt SafeCare must have sound financing for training and consultation. Supervisors are required to conduct team meetings plus monitor and be accessible to direct service staff.
- In addition to the SafeCare assessment tools that come with each module, it may be useful to use additional measures to (1) evaluate other behavioral changes families may make as they complete SafeCare, (2) employ measures that are independent of the SafeCare model, and/or (3) and to understand other issues that may facilitate or impede behavioral change (e.g., substance use, mental health, partner violence).

**Contacts:**

- Kimberlee Shoecraft, Supervisor, DSHS Children's Administration, 425-583-7123.
- Recommended by Seth Chamberlain and Lauren Supplee from the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHS), a best or promising practice program to review for home-visiting services.

**Resources:**

- http://chhs.gsu.edu/safecare/index.asp; www.civicreseachinstitute.com**;** *Project SafeCare: Issues in Replicating an Ecobehavioral Model of Child Maltreatment Prevention***,** Filene, Lutzker, Hecht, & Silovsky (2005)
- In *Child Victimization: Maltreatment, Bullying and Dating Violence, Prevention and Intervention*
- Child Trends, "What Works for Home Visiting Programs," 7/27/2010 www.childtrends.org;

- California Evidence-Based Clearinghouse for Child Welfare, www.cebc4cw.org/search/topical-area/18;
- Literature reviews and meta-analyses by Sweet, M.A. and Applebaum, M.I. (*Home Visiting Best Practices: A Review of the Literature, May 2007* - www.birth-beyond.com/ and Deanna Gomby (*Home Visitation in 2005: Outcomes for Children and Parents* – www.ced.org/projects/kids.shtml/#new)
- Kimberly S. Howard and Jeanne Brooks-Gunn in "The Future of Children" latest issue; (Journal Issue: Preventing Child Maltreatment Volume 19 Number 2 Fall 2009) http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=514
- Washington Department of Health Home Visit Needs Assessment http://www.doh.wa.gov/cfh/hvna/needassessdraft/default.htm.